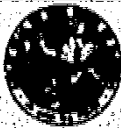


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Monahan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 8:18
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000080305 (4)

1. Corporation Name

AUTO RECOVERY OF FT. PIERCE INC.

Principal Place of Business

**831-A EDWARDS RD
FT PIERCE FL 34982**

Mailing Address

**831-A EDWARDS RD
FT PIERCE FL 34982**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/22/1993

3a. Date of Last Report

10/05/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

59-3210311

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**TOMLINSON, DONNA
831-A EDWARDS RD
FT PIERCE FL 34982**

10. Name and Address of New Registered Agent

81 Name

SANDRA G. MCCOY

82 Street Address (P.O. Box Number is Not Acceptable)

2649 ELECTRONICS WAY

83

84 City **WEST PALM BEACH**

FL

85 Zip Code

33407

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Sandra G. McCoy
Signature, typed or printed name of registered agent and No. of Application

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

TOMLINSON, DONNA

1801 18TH WAY

WEST PALM BEACH FL 33407

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

MCCOY, MICHAEL

11319 41ST CT N

ROYAL PALM BEACH FL 33411

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT

☒ Change ☐ Addition

1.2 NAME

MCCOY, MICHAEL

1.3 STREET ADDRESS

11319 41ST STREET

1.4 CITY - ST - ZIP

ROYAL PALM BEACH, FLORIDA 33411

2.1 TITLE

VICE PRESIDENT

☒ Change ☐ Addition

2.2 NAME

MARTIN, TIMOTHY

2.3 STREET ADDRESS

3357 FLEMING AVENUE

2.4 CITY - ST - ZIP

GREEN ACRES, FLORIDA 33463

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Timothy Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY MARTIN

4/19/95 (407)820-9737

Date

Signature Number